

MARYLAND BOARD OF PHARMACY COMPLAINT FORM and INFORMATION

Dear Consumer:

Attached is the complaint form used by the Board of Pharmacy to recognize and act upon consumer complaints. Please complete the form and return it to the address below.

Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore, Maryland 21215

You may fax the form to the Board at (410) 358-6207

Or you may send the form as a email attachment to: MDBOP@DHMH.STATE.MD.US

As a reminder, complaints concerning the prices of prescriptions should be referred to the Consumer Protection Division of the Office of Attorney General located at 200 Saint Paul Place, 16th Floor, Baltimore, Maryland 21202, telephone number (410)528-8662.

You may also file a complaint online, their web site is:

<http://www.oag.state.md.us/consumer/index.htm>.

We look forward to assisting you with your complaint and will keep you updated as to its status.

Other important telephone numbers for complaints and consumer protection:

Medicaid Fraud	410-576-6521
Consumer Protection Agency	410-576-6550
Maryland Poison Center	800-222-1222
Pharmacy Assistance Program	410-767-5398
Physicians Board	410-764-4777
Nursing Board	410-585-1900
Dental Board	410-402-8500
Maryland Better Business Bureau	410-347-3990

**Department of Health and Mental Hygiene
Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore, MD 21215-2299
410-764-4755**

COMPLAINT FORM

- A. The Board is charged with investigating complaints against any person or firm engaged in the distribution of prescription drugs in Maryland.
- B. If your complaint concerns the provision of pharmacy services by someone who you believe is not duly licensed, this information should also be forwarded to the Board.
- C. Please note that the Board does not have authority to handle or resolve complaints concerning billing, pricing, coverage, reimbursement and similar purely economic matters where the facts do not appear to support a claim of fraud or misrepresentation. However, we refer such complaints to the Health Education and Advocacy Unit in the Consumer Protection Division of the Attorney General's Office. You will be notified if the Board makes this referral.
- D. Your complaint must be submitted in writing. If you are handicapped and cannot write your complaint, make an appointment to give your complaint in person.
- E. Please be as accurate and as complete as possible.
- F. Please allow time for the Board to complete its investigation. All complaints will be acted upon.

1. Name of Complainant: _____

a. Address: _____

b. Home telephone #: _____

c. Business telephone #: _____

2. Name of person preparing this complaint if it differs from above (#1):

a. Address: _____

- _____
- b. Home telephone #: _____
- c. Business telephone #: _____
3. Name of pharmacist(s) named in complaint: _____
- _____
- _____
- a. Name of pharmacy involved in complaint: _____
- b. Address of pharmacy involved in complaint: _____
- _____
- _____
4. If your complaint is against a distributor of drugs, please give:
- a. Name of the firm: _____
- b. Address: _____
- _____
5. If you have made a complaint to any other government agency, professional association, etc. about this matter, please indicate their names and addresses below:
- _____
- _____
- _____
- _____
6. If your complaint involves a prescription drug, please write down all of the information appearing on prescription label or enclose a CLEAR photocopy of the label:
- _____
- _____
- _____
- _____

11. State the name of the physician or other authorized prescriber who provided the prescription for the medication involved in your complaint:

a. Prescriber's Name: _____

b. Prescriber's Address: _____

c. Prescriber's telephone number: _____

12. Do you consent to the release to this Board and its investigation of any medical records relating to you and this incident from any hospital or related institution or physician? Yes _____ No _____

- 13. I HEREBY DELARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE MATTERS SET FORTH IN THE FOREGOING COMPLAINT IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.**

Signature of Complainant: _____ Date: _____

Signature of person preparing complaint, if not the person above:

_____ Date: _____